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## REPORT OF EIGHT CASES OF UTERINE FIBROIDS, WITH REMARKS UPON THE SAME.

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CASE I. *Uterine Fibroid, Submucous or Subperitoneal, removed by Incision through Posterior Wall of Vagina.* — Mrs. Anna D., aged thirty-eight, born at Albany, N. Y., married at sixteen, and the mother of one child. Father died of carcinoma of the stomach, and the mother of phthisis pulmonalis. One sister, at the age of twenty-one, died of tuberculosis of the mesentery. She has four sisters, all more or less inclined to corpulency, but neither very healthy nor strong. The patient was never robust. In the summer of 1874 she complained of exhaustion, pains in the feet, and a general anasarca of the body, and particularly of the limbs. Patient at this time weighing ninety-one pounds (forty-two kilos.) was doing housework of a very irksome nature. In the following January her weight was one hundred and sixty pounds (seventy-three kilos.). There being great pain in her rectum, she consulted a physician, and was treated for piles. Later in the winter of 1875, while in the water-closet, she noticed an inability to pass water, a retention which continued intermittently up to the time of operation. Whenever her bladder became distended she complained of great pain, experiencing relief, however, after her water was drawn. Patient was addicted to the use of liquor, and in July of 1876 was taken to the Albany House of Shelter. Previous to this she had been told that the difficulty in passing water was due to a tumor of the uterus, but it was thought to be harmless, and troublesome only in causing retention of urine. When the authorities of the House of Shelter became aware of the difficulty of the womb, she, by their order, came under the care of Dr. W. H. Bailey. In August an examination was made by myself, and by Drs. W. H. Bailey, Curtiss, and Hall, and a tumor about the size of an infant's head was discovered on the posterior wall of the uterus. It was believed to be interstitial. There had never been any severe uterine hæmorrhage, nor had the patient ever suffered from any

uterine disease. An operation was advised, and after considerable delay it was consented to by the patient. In the latter part of September the surgeons and physicians of the Albany Hospital staff met at the House of Shelter, and there decided to remove the tumor per vaginam. It was then found that the uterus was firmly contracted and high up in the pelvis, and that soon she expected her monthly period; consequently the operation was postponed. November 3d the same corps reassembled, intending to operate, when it was learned that the menses had unexpectedly appeared.

December 17th, at the Albany Hospital, in the presence of several physicians I proceeded to operate. The uterus was pressed so far forward and above the symphysis as to make it impossible to feel the external os or to introduce the sound. Squibb's fluid extract of ergot had been given in twenty to thirty drop doses three times daily, when she was not menstruating, for nearly six weeks, with the effect of producing at times strong uterine contractions, and forcing the tumor farther down into the cavity of the pelvis, where it could now be plainly felt through both the vagina and rectum. The position of the fibroid was believed to be about as represented in Figure 1. The patient was placed

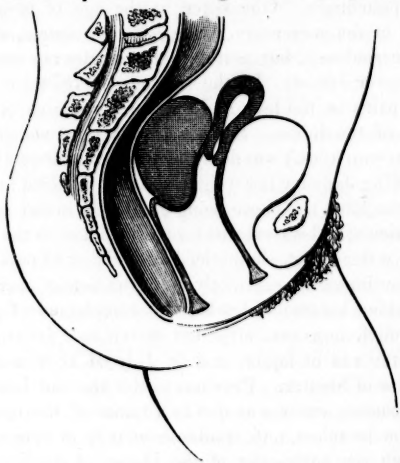


FIG. 1.

in the position for lithotomy, and the lips of the vulva were well separated by wire retractors. An incision was made through the posterior wall of the vagina; the tumor, well exposed, was seized by strong vulsellum forceps, and held by Dr. Swinburne, while with my fingers I loosened its attachments. I found, however, that it was impossible to bring it out, as the forceps would tear from its hold. A fortunate sug-

gestion was now made by Dr. Ward, and, acting upon it, I applied the small obstetric forceps, and with them delivered the tumor beyond the vulva, but was somewhat annoyed to find that we had also brought along the uterus, left broad ligament, and ovary covered by folds of peritonæum. An incision was then made through the capsule of the tumor at its most dependent part, and by careful dissection it was removed from its attachments to the uterus, the peritoneal cavity not being opened. The uterus was returned without difficulty to its normal position, and six interrupted silk sutures were applied to close the opening in posterior wall of the vagina. The operation lasted nearly an hour, and the patient was a good deal exhausted. She was placed in bed; warm applications were made to the extremities, and stimulants administered. She rallied in a few hours. The after-treatment consisted of sulphate of quinine two grains (gram 0.129) every two hours for one week, tinct. ferri chlor. ten minims (0.6 cc.) three to four times daily, and good, nourishing food. The vagina was well washed out daily with carbolized water. Urine was drawn for three days every eight hours, then passed voluntarily on bed-pan. Bowels were moved on the eighth day by enema. The ligatures were removed on the sixth day, and union was quite complete. Five weeks after the operation patient was about the wards. An examination six months after the operation found the parts in normal condition. Menstruation was natural and painless. No trouble with the bladder, no pain in the rectum; in fact, she is in perfect health.

Connected with the large tumor was one of smaller size. Weight of large tumor, ten ounces (grams 311); weight of small tumor, three and one half drachms (grams 13.6).

*Remarks.* This case presents many points of great interest. So far as I am aware it is the first successful operation for the removal of uterine fibroid in this manner. To me the operation was entirely new, and in its conception altogether original. Cases of this kind must necessarily be somewhat rare, yet I believe the operation is a safe and wise one. I am inclined to the belief that the tumor was interstitial in character, and that it had worked its way along through the posterior lip of the uterus underneath the pelvic peritoneal folds into the cavity of the pelvis. At the time of the operation its attachment seemed to be by a distinct capsule. It is certain, however, that no folds of the peritonæum were injured.

CASE II. *Submucous Fibroid, weighing Two and One Half Pounds (5.67 Kilos.), removed by Enucleation with Serrated Scissors and Small Obstetric Forceps.* — I was called May 16, 1878, by Dr. J. N. Haynes, of Cohoes, to see Mrs. S., who was suffering from a uterine fibroid. She gave the following history: She had been married twenty years, but was never pregnant. Age forty-four. She had been normal in her

menstruation, and usually in good health. Between three and four years ago she noticed a gradual increase of the flow during menstruation. This became so severe that for the past six months she had been flowing three out of the four weeks, and very profusely. She also had leucorrhœa quite badly. About a year ago, and before coming under Dr. Haynes's care she was treated for retroversion of the uterus, and several pessaries were tried, but no good resulted. Dr. Haynes saw her in January, 1878, and after a careful examination made the diagnosis of uterine fibroid. He prescribed a good tonic course of treatment, washing out the vagina twice daily with carbolized water, and enjoined absolute rest. Some time in March, 1878, she took by mistake one fluid drachm (3.69. cc.) of the solution of atropia, two grains to the ounce. The os uteri now began to dilate, and from the cavity of the uterus there escaped a very offensive discharge, creating fears that the growth might be malignant. Squibb's fluid extract of ergot, fifteen to twenty drops, was given three or four times daily up to the time of my visit. She then presented a marked anæmic condition, pulse frequent, and heart's action increased by the least excitement. The lower extremities were quite œdematous. Bowels quite regular, and urine normal. On examination of the uterus by palpation and per vaginam there was found in the posterior wall a large submucous fibroid tumor. A uterine virgin silver sound passed forward swept easily over the anterior portion of the tumor, and entered the cavity of the uterus to the depth of four inches (one hundred and two mm.). The os was well dilated, and a portion of the tumor, like a turkey's egg, was presenting. The discharge had now a light, somewhat muddy appearance, but was not very offensive in smell. Vaginal injections of carbolized water were being used quite freely. Her condition being feeble, stimulants, quinine, and milk were ordered to be given liberally, and an operation advised at an early day. On the 20th of March, the patient having improved, assisted by Drs. Haynes, W. H. Bailey, and J. D. Featherstonhaugh, I began the operation for enucleation and removal of the tumor per vaginam. The patient was placed on a narrow table in the position for lithotomy, and ether given by Dr. Featherstonhaugh. The lips of the vulva were held apart in the same manner as in Case I. There was little trouble in cutting through the capsule, but all efforts to get the wire or chain of the écraseur around the tumor failed. I finally succeeded, with the curved serrated scissors (good size), in enucleating sufficiently to apply the small obstetric forceps, and by using considerable force delivered the tumor into the cavity of the vagina. Drs. Bailey and Haynes had in the mean time relieved each other in keeping up constant pressure over the fundus of the uterus. The forceps were now reapplied, and after some little effort the fibroid was completely separated from its attachments and brought out through the



vulva. It weighed two and one half pounds (1.13 kilos.), and measured in its long diameter four and one half inches (one hundred and fourteen mm.), and in its short diameter four inches (one hundred and two mm.), the circumference being fourteen inches (three hundred and fifty-five mm.).

The operation lasted one hour and fifteen minutes. There was a slight rupture of the perinæum, which was closed by three interrupted sutures. A tampon of sponge was placed in the vagina, to be left for a few hours. For the remaining history of the case I am indebted to Dr. Haynes. The patient soon rallied from the operation, and was in good condition. She began gradually to improve under the use of anodynes, stimulants, and tonics. The hæmorrhage was very slight the first day, and the sponge was withdrawn and carbolized injections were used. The catheter was employed from time to time during the first four or five days. She continued to improve, and was about the house by the 10th of June. On the 14th of June she was taken with acute phlebitis of the right leg and side of pelvis. This yielded to warm applications and anodynes, so that in ten days all unpleasant symptoms had subsided.

In a letter received August 19, 1878, from Dr. Haynes, he states, "Mrs. S. is doing finely. Has gained fifteen pounds in weight, and is all over town and out of town, and where she likes. She says she has not felt so well in three years. Still the right limb, where the phlebitis occurred, persists in swelling up considerably when she has been around upon it all day. No untoward symptoms, only the leg of course feels stiff and unwieldy by evening, but it is perfectly natural again by the next morning. Calf of leg swells to a circumference of fourteen and one half inches (three hundred and sixty-eight mm.), the same as six weeks ago. Meanwhile the other calf has increased in measurement from eleven to twelve and one half inches (two hundred and seventy-nine to three hundred and seventeen mm.) by gain in flesh; so I reason that the sick leg does not swell as much by one and one half inches (thirty-eight mm.) as it did."

*Remarks.* This case illustrates the fact that surgical interference in such uterine tumors becomes absolutely necessary, as the patient will die from exhaustive hæmorrhage unless relieved. It shows also the necessity of an early diagnosis, in order that the tumor may be removed before it can become so large. This case and the succeeding one go to show that we lacked just the kind of instrument needed for the enucleation of a submucous fibroid tumor.

CASE III. *Submucous Fibroid weighing Two Ounces and Two Drachms (Grams Seventy) removed by Long Curved Serrated Scissors.*— March 10, 1878, I was requested by Dr. A. Boyce, of Nassau, in company with Dr. Parmele, of Greenbush, to visit Mrs. W., aged thirty-four, the

mother of three children. If necessary and deemed best, I was to operate on what Dr. Boyce believed to be a uterine fibroid. She gave the following history: Was in good health and worked hard up to two years ago, when she noticed an increase of flow at her menstrual periods; that is, it lasted a greater number of days, and was more profuse. The condition had increased, until in the past six months she had grown so weak as hardly to be able to leave her room, and for most of the time was confined to her bed, the flow scarcely ceasing. She now presented a very pale look, together with the following symptoms: pulse 120, respiration increased, inability to sleep, loss of appetite, and from the vagina a constant discharge, pale, muddy, and somewhat bloody in appearance, and having an offensive odor. Dr. Boyce made the diagnosis of uterine fibroid over a year ago. Examination per vaginam at this time revealed the os well dilated, and presenting well at the external lips was a fibroid about the size of a small orange, having a not very broad attachment to the left side of the uterus. Dr. Boyce had been giving Squibb's fluid extract of ergot by my suggestion for over a week in half drachm (1.8 cc.) doses three times a day. This had produced well-marked uterine contractions, and from them she was now suffering. Though the flow was quite marked, it was determined upon consultation to proceed with the operation for the removal of the tumor at once. She was placed on her left side. Sims's speculum was used. An attempt was made by both Dr. Parmele and myself to apply the chain of the *écraseur*, but in this we failed. Finally I succeeded in dilating the uterus sufficiently to pass up the long serrated scissors, and after severing the attachments of the tumor brought it away. The weight of the tumor was two ounces and two drachms (grams seventy).

The patient was very much exhausted, though the operation did not last over twenty minutes. She was kept quiet in bed for several weeks before she was well enough to sit up, but finally she made a good recovery, and at the present time, I am informed by Dr. Boyce, she is regular in her menstruation and in perfect health.

(To be concluded.)

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## CHANGES IN MEDICAL PRACTICE.

BY NATHAN ALLEN, M. D.

At the late meeting of the British Medical Association, held at Cork, Dr. Andrew Clarke gave a superior address before the section on practical medicine. This address discusses three topics, namely, (1) defects in medical education, (2) some peculiarities in the present state of therapeutics, and (3) the importance of experimental inquiry by vivisection and other means. Under the second head a subject is introduced which is deserving of special attention. Says Dr. Clarke: "The

nervous system, cultivated in every direction, and strained and harried by an intense life, has assumed almost new relations to the other parts of the organism, altered the complexion of accustomed diseases, and engendered disordered states unknown to the literature of the past. . . . The groups of nervous affections which cluster round an intensified physical self-consciousness constitute a large and growing proportion of the troubles which afflict the more highly cultivated men and women of the present day. . . . We see evidences that the race is undergoing a constitutional change, and we know that this change must modify the diseases and the treatment of the diseases of mankind."

If the changes of organization here referred to are becoming marked in Great Britain, they are still more so in this country. We have more intensity of life, greater competition in business, and excitement in every department of society. A careful comparison of the physiology of the English, the Scotch, and the Irish with that of the New Englander will show, we are sure, a much greater predominance of the nervous temperament in the latter.

These changes of organism involve consequences of the greatest importance, both in health and disease. While they may be attended with certain advantages, there are evils growing out of them of no small magnitude. The quotations from Dr. Clarke imply not only an increase of nervous diseases, but also that the relations which this increase of nerve tissue has to other organs must be carefully taken into account in the treatment of disease. This complication makes the treatment more difficult as well as uncertain in result. There are two or three features in this change of organization to which we wish to call the attention of the profession. It is particularly in the case of woman where these changes are attended with very important results. It is not so much in the great increase of nervous diseases or their complications as in the effect which this predominance of nerve tissue has upon domestic life and the laws of maternity.

Within fifty years a great change has taken place in the organization of New England women. With increased nerve tissue there has been a loss of muscular development and physical strength. The changes in the state of society and the interest in all educational matters, together with neglect of exercise, have tended to produce an undue development of the brain and nervous system, compared with other parts of the body. This physical metamorphosis disables woman more or less for the duties and responsibilities of domestic life. It is not confined to mere nerve or muscle, but extends to other organs. Among these changes one is particularly worthy of notice, as it has attracted much attention. In the matter of nursing offspring there is a most surprising difference between the New England woman and the English, the Scotch, the Irish, and the German. Among these classes there is only

now and then a case where there is inability of doing it successfully, but with New England women it is very different. Formerly it was not difficult here for nearly all our women to nurse their offspring. The "nursing bottle" was scarcely known. Now, probably not half our young women can properly nurse their infants. It is not the "unwillingness," but the *inability*, the lack of sufficient development of mammary glands and the requisite power in the digestive organs. The difficulty arises from defective quality of milk as well as from deficient quantity. This peculiar change of organization is increasing every year. Nothing of the kind—certainly to such an extent—can be found among any other class of women, either in history or living at the present day. What means this change—this strange anomaly—in reference to the failure in one of the most important functions of nature? Is there not something wrong, something unnatural and abnormal in it?

But there are other evidences of change in the organization of women. It is the testimony of elderly physicians that the young women at the present day do not pass through the stages of pregnancy, parturition, and recovery so favorably as those did forty or fifty years ago,—that the constitution suffers more, is oftener injured, and does not recuperate to the same extent. How often do we meet with married women, having had only one or two children, who ever after attribute their ill health to the confinement! How seldom do we find one whose constitution and health have been improved by the process! What now seemingly are exceptions were once general laws. The German, English, Scotch, and Irish women do not suffer the ill-effects of child-bearing to the same extent as do our American women. The fact has been established in Great Britain that those women who enter the married state and bear offspring have, in the aggregate, the greatest amount of health and enjoy the longest lives. The principles of physiology point also to the same result. Now why do we find so many exceptions in our American society in respect to the proper observance of the laws of maternity?

There is another point, which can be merely alluded to. If the same changes in physical organization are to continue and increase as they have for the last two generations, what is to be the result? The laws of inheritance will not change, neither will the principles of physiology.

Are we to have a greater and greater predominance of the nervous temperament? It has been advocated in high quarters that the "quality of the stock" was of the utmost importance,—that this was to be sought rather than an increase of numbers. It may perhaps be found that something else besides brain and nerve tissue are necessary to produce sound, healthy stock. It may also be found that nature has

established a normal physiological standard for the propagation of the race, and that extreme deviations from this standard prove unfavorable to such results. It may be found that we have something yet to learn from the laws of physiology in their application to the propagation as well as continuance of the race.

In the various changes which have been alluded to as taking place in society, we have by no means lost sight of the heading of this article. In the course of fifty years great changes have taken place in the preparation and administering of drugs, — in kind, quality, and quantity. In the more general diffusion of intelligence of every kind, in a more correct knowledge of diseases and the laws of physiology in the community in connection with sanitary science, the practice of medicine has changed greatly from what it once was. In the removals of population from the country to the city; in the physical changes from a strong, well-balanced organization to a high nervous temperament, subject to very different diseases; in the reduction of large families to only one or two children, and in many cases to none, — these changes of locality, of organization, of disease and numbers, must necessarily affect both the interests and duties of the medical profession.

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#### MEDICAL REPORT OF THE REFORMATORY PRISON FOR WOMEN.

BY ELIZA M. MOSHER, M. D.,  
*Resident Physician.*

THE Massachusetts Reformatory Prison for Women was opened November 7, 1877. Its object was threefold: (1) the entire separation of female from male prisoners; (2) the supervision of prisoners by persons of their own sex; (3) that a system of training might be introduced which should have for its object the improvement of the mental, moral, and physical condition of female criminals.

During the twenty-two months which have elapsed since the opening of this prison thirteen hundred and fifty-three women have been admitted or transferred from other penal institutions in the State. A large proportion of these have been committed for intemperance and prostitution. The term of sentence ranges between four months and twelve years; the ages between fifteen and seventy-six years, the average being about thirty years. Children under eighteen months are admitted with their mothers. Of these there have been eighty-eight, and forty-five have been born here. As this institution is in many respects a unique one, and the opportunities for observation are extensive, it has been thought that a statement of the work done in the hospital department, together with some facts relative to the physical condition of

these women, might be of interest to the medical profession. The hospital contains sixty-eight beds, is thoroughly heated, lighted, and ventilated, and is divided into large and small wards, thus permitting the classification of diseases.

Twelve hundred and thirteen patients have been received during the twenty-two months; forty-seven of these came directly on admission to the prison, and of this number six were in the later stages of incurable diseases, and died before the expiration of their term of sentence. Many of the patients admitted had but slight ailments, sufficient, however, to prevent them from work for several successive days. The more important diseases have been as follows:—

Abscess,	Enterocolitis,	Otitis,
Abortion,	Epilepsy,	Ovarian tumor,
Alcoholism,	Erysipelas,	Ovaritis,
Amenorrhœa,	Femoral arthritis,	Paralysis,
Anæmia,	Fissure in ano,	Pertussis,
Apoplexy,	Fistula in ano,	Pharyngitis,
Apthæ,	Fractures,	Phthisis pulmonalis,
Asthma,	Gangrene of lung,	Peritonitis (acute),
Brain softening,	Gonorrhœa,	Pleurisy,
Bronchitis,	Hæmatemesis,	Pneumonia,
Cancer,	Hæmoptysis,	Pregnancy (complications of),
Chancreids,	Hæmorrhoids,	Puerperal fever,
Chronic endocarditis,	Hysteria,	Quinsy,
Conjunctivitis,	Insanity,	Rheumatism,
Convulsions,	Jaundice,	Skin diseases (various),
Congestion of lungs,	Malarial fever,	Stricture of intestine,
Congestion of brain,	Marasmus,	Synovitis,
Cystitis,	Masturbation,	Syphilis,
Dacrocystitis,	Menorrhagia,	Tonsillitis,
Delirium tremens,	Morphia habit,	Urethritis,
Diarrhœa,	Myelitis (syphilitic),	Ulcers,
Diphtheria,	Necrosis,	Uterine Diseases,
Dysentery,	Nervous exhaustion,	Venereal warts,
Dyspepsia,	Neuralgia,	Wounds.

Forty-five deaths have occurred from the following causes:—

ADULTS.	INFANTS.	
Alcoholism, 1.	Atelectasis pulmonum, 1.	Premature birth, 1.
Apoplexy, 1.	Congestion of brain, 1.	Pertussis (complicated with
Brain softening, 1.	Congestion of lungs, 1.	exhaustion, 2; with bron-
Chronic endocarditis, 1.	Croupous pneumonia, 1.	chitis, 2; with pneumonia,
Gangrene of lung, 1.	Diphtheria, 1.	1; with phthisis pulmonalis,
Peritonitis (acute), 1.	Enterocolitis, 3.	4), 9.
Phthisis pulmonalis, 4.	Hydrocephalus (acute), 1.	Still-born, 5.
Suicide, 1.	Meningitis, 1.	Syphilis, 6.
Syphilis, 2.	Occlusion of cystic duct (con-	Total, 32.
Total, 13.	genital), 1.	

Of the forty-five births, all but three were uncomplicated. Two severe cases of puerperal fever occurred, but complete isolation in both instances prevented infection, and both patients recovered.

The most common affections needing hospital treatment have been



tonsillitis, functional disturbances of the digestive organs (including the large number of cases classed under the head of alcoholism), syphilis, and rheumatism. One hundred and fifty-four cases of tonsillitis have occurred in the twenty-two months; one hundred and twenty of these between October 1, 1878, and May 1, 1879. Many of these cases were of the severest type, simulating diphtheria so closely that only by the most careful observation could they be distinguished. The grave disturbance of the general system, the brown coat upon the tongue present in a large number of the cases, and the anæmia which invariably followed the affection led us to attribute its origin to zymotic influences; more especially so as the sewerage of the prison was in an extremely objectionable state at the time when the disease was most prevalent. At this time, also, eight cases of erysipelas occurred, without evidence of contagion in a single instance.

Many of the matrons employed at the prison were troubled with nausea and vomiting much of the time during the winter, and several were obliged to resign their positions because of ill-health. It seems possible that a proportion of the digestive disorders so common among the prisoners may have been due to the same causes; by far the larger part, however, assumed the form of atonic dyspepsia, and were brought on, without doubt, by the abuse of alcoholic stimuli and the restricted diet of a prison.

The eighty-five cases of syphilis treated in the hospital represent only the more severe forms of the disease, and those in whom the lesions were so located as to be especially dangerous to others. The larger number of cases (as shown by the dispensary table appended), though under systematic treatment, did not require isolation or exemption from work. Nearly every form of this hydra-headed disease has been manifested, from the initial lesion to the occasional outburst after many years of quiescence. The most common local manifestations besides those of the integument have been ulcerations of the vulva and rectum, always accompanied by a loss of tissue and a copious sero-purulent discharge. The two deaths which occurred from this disease in adults were marked by extensive and rapid death of tissue, with coincident exhaustion. Nearly all the children who had syphilitic lesions died in utero or before the end of the first year.

Forty-eight cases of rheumatism have been treated in the hospital; a few only of these were acute in character, and yielded readily to frequent doses of salicylate of soda. Many of the chronic cases also were benefited by the same remedy.

It is remarkable that out of so large a number of women but six cases of morphia habit should have been found. Two of these were broken of the habit by steadily diminished doses, the remainder by entire suspension of the drug on admission. It is hardly necessary to state that

though the symptoms under the latter mode of treatment were for a time alarming, the patients recovered far more rapidly and surely than the previous ones.

Of the eighty-three women admitted for alcoholism, but nine had delirium tremens. In these cases the mania appeared in from two to six days after the date of arrest, and continued two to four days.

Forty-five cases of anæmia are recorded, besides those prescribed for in the dispensary. It is a suggestive fact that the larger number of these were women sentenced for prostitution, and came under treatment during the early part of their imprisonment. Diseases of the uterus and ovaries have been comparatively rare, but thirty-four cases having been treated in the hospital during the whole time. Of those able to work the number needing medical treatment has not averaged eight weekly.

Of four hundred and fifty women in whom the generative organs were examined on admission, the uterus and ovaries were found in good condition in all but twenty-eight, and four hundred and ten claimed not to have been prevented from work by pain during menstruation.

Of ninety-eight cases of punishment for misdemeanors but twenty-eight occurred at or near the menstrual period, which would seem to indicate only an accidental coincidence, especially as in some of those who were punished repeatedly menstruation was present but once.

Intemperance is the vice common to nearly all the prisoners. Out of six hundred and ten who were carefully questioned, four hundred and thirty-seven had been addicted to the use of intoxicating liquors. The cause assigned for this habit by the younger women was "bad company." Many of the married women attributed it to family troubles, while a small proportion claimed to have acquired the habit through the use of stimulants administered during an illness. Many of the women have been mill operatives, and began to drink while thus employed. Snuff taking, both by the nose and by "dipping," is quite common, and the craving for it while at the prison has occasionally been manifested by the small package of black pepper, cayenne, mustard, or ground spice found concealed upon the person.

In the administration of remedies great care has been taken to select such as contain a minimum amount of alcohol, fluid extracts, alkaloids, and infusions being made to take the place of tinctures and elixirs. An aqueous solution of the solid extract of gentian has proved a valuable stomachic, and, combined with iodide of potassium, has enabled us to give the latter drug in large doses for a long time without disturbance of the digestive function. For chronic constipation we have found exceedingly valuable the simple aloes and soda mixture so highly recommended by Dr. Hiram Corson in the Transactions of the Medical Society of the State of Pennsylvania for 1875.

The following schedule indicates the number of prescriptions made in the dispensary to patients not admitted to the hospital. The large number is due to the fact that it was necessary to restrict within safe limits the quantity of medicine intrusted to the patient's care. From November 7, 1877, to September 7, 1879, the whole number of prescriptions issued was 25,571. For digestive disorders, 4528; anæmia, 986; rheumatism, 800; syphilis, 1293; uterine disorders, 936; menstrual disorders, 983; chest affections and colds, 1700; throat affections, 683; affections of the eyes, 438; incidentals, 10,224.

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### RECENT PROGRESS IN URINARY SURGERY.

BY T. B. CURTIS, M. D.

*Urinary Disturbances in Locomotor Ataxia.* — Patients suffering from this disease are liable, in the course of its long-lasting successive phases, to a variety of disturbances connected with the urinary organs. Not unfrequently the symptoms of organic disease of the kidney or bladder are simulated, and the case may find its way into the hands of a surgeon, on account of the suspicions of obstruction or of calculous disease that arise. The disturbances in question make their appearance at various periods of the primary disease, and vary in their seat. They may be referred to the kidney and pelvis, or to the bladder and urethra.

The *renal* symptoms<sup>1</sup> consist in paroxysms of nephralgia, or kidney colic. These attacks may occur, says Dieulafoy, in the earliest stage of locomotor ataxia, and may for some time constitute the only or chief symptom. The renal pain is in some cases attended with vomiting and retraction of the cremaster, so that nephritic colic of calculous origin is closely simulated. Dr. E. C. Seguin<sup>2</sup> mentions pyelo-nephritis among the complications that may be observed in the later stages of the disease.

The *vesical* disturbances are of several kinds. According to Trouseau,<sup>3</sup> nocturnal incontinence of urine may be one of the earliest symptoms of ataxia, and complete paralysis of the rectal and vesical sphincters may be met with. This, however, is denied by Hutchinson. Paralysis of the expelling fibres of the bladder may exist in various degrees, from slight paralytic dysuria to complete retention. "In ataxy," says Hutchinson,<sup>4</sup> "retention is common, but it has the peculiarity of being

<sup>1</sup> Raynaud, *Gazette hebdomadaire*, August 4, 1876, page 481. Dieulafoy, *Gazette hebdomadaire*, August 31, 1877, page 551.

<sup>2</sup> American Clinical Lectures, vol. iii., 1879, page 334.

<sup>3</sup> *Nouveau Dictionnaire*, etc., vol. iii. page 751.

<sup>4</sup> J. Hutchinson, Remarks on a Case of Locomotor Ataxia with Bladder Symptoms, *Medical Times and Gazette*, January 18, 1879, page 63.

in many instances painless. Cystic paresis, or defective power on the part of the bladder to expel its contents, usually comes on by degrees. The patient is obliged, in order to empty his bladder, to give himself every hydrostatic advantage. He must stand up, and even then he is often slow in beginning, and ends before a complete result has been attained." Vesical catarrh may ensue, according to Seguin.

Besides these paretic disturbances of the muscular apparatus of the bladder, causing incontinence or dysuria, some ataxic patients suffer from paroxysms of acute vesical pain, with irritation of the bladder and tenesmus.<sup>1</sup> These cystalgic attacks belong to the class of painful paroxysms having their seat in various viscera, namely, the stomach, rectum, kidney, and bladder (*crises viscérales* of the French), and occurring coincidently with the characteristic lightning pains of ataxia. These *crises vésicales* not unfrequently cause the presence of a stone in the bladder to be suspected, and lead the patient to consult a surgeon instead of a physician. In the terminal "paralytic" stage of the disease a severe cystitis, catarrhal or ulcerative, with fetid purulent urine, may sometimes be observed.<sup>2</sup>

*Bigelow's Operation for Stone.* — Since our last report on this subject<sup>3</sup> additional testimony in favor of litholapaxy has been published. Mr. Cadge,<sup>4</sup> senior surgeon to the Norfolk and Norwich Hospital, in England, practicing in an institution where cases of stone are exceptionally numerous, has applied the new method in five cases. The largest of the stones thus removed in a single sitting weighed two hundred and forty grains. "In these cases," says Mr. Cadge, "I used only the ordinary unfenestrated lithotrites and the smallest of Bigelow's catheters. It was easy to recognize the advantage of the full-sized evacuating catheter, and to see that the larger the catheter the greater will be the rapidity and facility in removing fragments. Further experience will perhaps enable me to overcome the prejudice against these large instruments, and at the same time to manipulate them more deftly; in the mean time, I think the new plan should not be attempted by any one who has not already acquired, by plentiful experience on the living and by repeated experiment on the dead body, all the little knacks and tricks which go far to make up successful lithotrixy."

Sir Henry Thompson,<sup>5</sup> in a Report of Lithotrixy at a Single Sitting, records thirteen cases, all but the first, which was in December, 1878, occurring in the current year. The largest of this series of stones weighed, when removed, five hundred and twenty-one grains. The

<sup>1</sup> Trousseau, loco citato, page 753. Charcot, *Maladies du Système nerveux*, Paris, 1877, vol. ii. page 31. Dieulafoy, loco citato.

<sup>2</sup> Charcot, loco citato, pages 26 and 285.

<sup>3</sup> The JOURNAL, April 10, 1879, page 508.

<sup>4</sup> The Lancet, April 5, 1879, page 471.

<sup>5</sup> British Medical Journal, August 2, 1879, page 161.

age of the patient was seventy-eight years. An "improved and somewhat enlarged lithotrite," made by Weiss,<sup>1</sup> was used. Two sittings, however, were found necessary, the first of which lasted twenty-five minutes; the second, three days later, lasting thirteen minutes.<sup>2</sup> Commenting upon his cases, Sir Henry Thompson says: "The result appears to me to be encouraging. I felt, as I stated last year in a lecture at University College Hospital, that 'the proposal to remove a large and hard calculus at one sitting was an attractive one, . . . and that I was predisposed to regard favorably any plan by which we may hope to take away once and for all the hard and angular fragments which must remain after an uncompleted sitting.' My experience has confirmed, perhaps even beyond my expectations, the prepossessions thus expressed for this endeavor to complete an operation by lithotritry in a single effort, but more prolonged than heretofore; and I have no hesitation in stating that we owe to Professor Bigelow the assurance that so much manipulation is tolerated by the bladder in the process of removing the stone, provided we take it away entirely, or nearly so. It is quite true that the presence of sharp, broken fragments in that viscus does more damage to it than the prolonged but of course careful use of instruments for their removal."

*Boracic Acid in Ammoniacal Cystitis.*<sup>3</sup> — Boracic acid has long been known to possess the property of preventing or retarding certain of the phenomena of fermentation and putrefaction. At the same time it is quite devoid of any toxic or irritating action, when absorbed into the system, or brought into contact with the tissues of the body. Hence its use in some countries for the preservation of meats for the table; hence, also, its use in antiseptic surgery. Professor Polli, of Florence, has for several years been studying the chemical and therapeutic properties of this agent. Upwards of a drachm was administered daily, dissolved in water in the proportion of one part in fifty, without the production of any symptoms of intolerance. The drug is eliminated unaltered in the urine. Polli recommends its use in chronic cystitis attended with ammoniacal decomposition of the urine within the bladder, and cites several cases in which this medication was beneficial.

*Flexible Metallic Catheters.* — A catheter<sup>4</sup> is now coming into use which is figured, under the name of "Gross's flexible catheter," in the illustrated catalogue of G. Tiemann & Co., of New York, and which promises to be useful in certain cases of obstructive hypertrophy of the prostate. It is a metallic catheter, of which the distal or penile portion

<sup>1</sup> British Medical Journal, September 6, 1879, page 375.

<sup>2</sup> Through some inadvertence, this operation is alluded to in the British Medical Journal of September 6th (page 375) as having been performed in a single sitting.

<sup>3</sup> G. Polli, *Revue des Sciences médicales*, vol. xiii. page 144.

<sup>4</sup> The American Armamentarium Chirurgicum, G. Tiemann & Co., New York, 1879, part iii. page 20.

is a rigid tube; the remaining part, destined to occupy the deeper portion of the urethra, is flexible, the wall of the tube being cut through into a narrow strip along a closely wound spiral line; the effect is as if this part were composed of a narrow spiral metallic ribbon. The vesical extremity resembles that of the ordinary metallic catheter, with an eye situated near the end. Some of these instruments are straight; others have a bend near the end, like that of Mercier's *sonde coudée*. These catheters seem to offer several advantages. They have, in the first place, all the soft flexibility of the vulcanized rubber catheter, limited to that portion of the instrument where flexibility is most needed. They have, also, if desired, the valuable upward bend of Mercier, so that during its passage through the urethra the tip of the instrument follows the roof of the canal, thereby avoiding the obstacles liable to be encountered along the floor. Lastly, while thus uniting the qualities of the two catheters which are found most useful in cases of prostatic obstruction, Gross's catheter has the additional merit of possessing a wider bore and a larger eye than any of the various soft catheters that have been devised. The chief objection to its habitual use that suggests itself is the difficulty of keeping it clean; a few extra precautions for this purpose will probably be necessary. All things considered, it seems not unlikely to be of service for effectually washing out the bladder in cases of retention with chronic cystitis, where the urine contains large quantities of thick, ropy sediment and phosphatic deposits.

*Genito-Urinary Tuberculosis.* — The morbid anatomy of the various forms and degrees of tubercular disease affecting the genito-urinary organs has long been familiar to pathologists. Every year the bulletins of the Anatomical Society of Paris contain the reports of several carefully recorded cases, numbering in some years as many as half a dozen examples of the disease.<sup>1</sup> These cases have mostly been observed at the Necker Hospital, in the wards of Professor Guyon, which are devoted to urinary surgery. The lesions described consist, as in other organs, of inflammatory changes, acute and chronic, supervening around foci of tubercular deposit. These may be situated in the kidneys, pelves, ureters, bladder, prostate, and urethra, as well as in the testes, epididymes, and vesiculæ seminales. Ulceration takes place, more or less deeply destructive, leaving fistulous openings and tracts, and establishing communications between the neighboring digestive and urinary cavities. Complete excavation of the prostate sometimes occurs, as described in two instances by Carrié.

The cases met with at the Necker Hospital and the specimens exhibited before the Société Anatomique have been so numerous of late as to justify a suspicion that the disease may often pass unrecognized in

<sup>1</sup> Bulletins de la Société Anatomique de Paris, 1878: cases reported by Jean, page 105; Carrié, pages 322, 323; Mossé, page 361; Terrillon, page 583.



common practice, owing to a lack of familiarity on the part of practitioners with its characteristic features. Considerable interest attaches, therefore, to several carefully written essays which have recently appeared, contributed chiefly by pupils of Professor Guyon, and setting forth the clinical history of genito-urinary tuberculosis in its various forms and phases.<sup>1</sup>

The affection is not rare, as the records of the Société Anatomique show. It is observed almost exclusively in male adults, between the ages of twenty and forty-five years. It is often accompanied by the symptoms of tubercular disease in other organs, especially of pulmonary phthisis. Not unfrequently, however, the disease remains for some time limited to the genito-urinary organs, forming one of the most frequently observed exceptions to the well-known law of Louis, according to which tubercle exists in the lungs if elsewhere.

The symptoms vary according to the seat of the localizations. When the disease is limited to the kidneys, attacks of temporary hæmaturia occur early in the case. The clots of blood forming in the ureters and bladder may occasion kidney colic and dysuria. Often, however, the hæmaturia is unattended by pain. In some cases there is more or less polyuria, occurring in paroxysms. The urine becomes more or less purulent; pain and tenderness in the region of the kidney are complained of. The progress of the case is slow, and the diagnosis may remain obscure, until the disease has spread to other organs. Death ensues with uræmic symptoms resulting from the extensive destruction of the renal tissues, or else with the usual symptoms of pulmonary phthisis.

Tuberculosis of the bladder may exist by itself, according to Tapret. Among the earliest manifestations are attacks of "premonitory" hæmaturia, which, though profuse, may be unattended by pain, unless clots give rise to retention. A heavy aching or burning pain in the hypogastric region is felt; the patient complains also of pain and tenderness referred to the neck of the bladder. Acute pain attending micturition precedes and accompanies the act: the approach of a call to urinate is sudden and imperious; the starting of the stream through the canal causes sharp pain; while the urine flows the patient is comfortable, but the expulsion of the last drops, which are often bloody, is again extremely painful. The quantity of urine voided is each time very small, and the calls to urinate occur with great frequency both by day and by night. In some cases the use of the sound reveals a thickened and indurated condition of the vesical floor. The disease is of slow progress

<sup>1</sup> Tapret, *Etude sur la Tuberculose urinaire*, Archives générales de Médecine, May and July, 1878; Guébbard, *Etude sur la Cystite tuberculeuse*, Paris, 1878; Bierry, *De la Tuberculose primitive des Voies urinaires*, Paris, 1878; Jean, *France médicale*, 1878; Reclus, *Du Tubercule du Testicule*, Paris, 1876.

and long duration, eventuating in generalized urinary tuberculosis with renal complications, or in pulmonary disease.

When the prostate is the primary seat of tuberculosis, severe pain attends micturition, especially at the beginning and end of the act. Attacks of retention sometimes occur. Abscesses form and break in various directions. Fistulous tracts open into the urethra, into the rectum, or upon the perinæum around the anus. Mougin counted in one case eleven fistulæ, of which one opened into the bladder and rectum at once. Anal fistula, according to Ricord and Reclus, is principally caused by prostatic tuberculosis. A digital examination per anum affords valuable information, and reveals the existence of various alterations.<sup>1</sup> It is quite exceptional for the prostate to present to the finger a normal size, shape, and consistency. Usually, from the first, the organ is found to be enlarged and unsymmetrical. Its consistency is generally different from that of health; it is less elastic, giving sometimes the sensation of a bag of tallow. If the finger is carried higher up, the vesiculæ seminales are felt in the shape of a V, hard and lumpy. When acute inflammation and suppuration supervene, the parts are very tender to the touch, and a tense bag of pus may be felt, more or less blocking the rectum. The evacuation of the pus leaves a hollow depression. Finally the entire mass of the prostate may disappear, leaving hardly any trace of the organ.

When the anterior part of the urethral mucous membrane is invaded by the tubercular disease, there is a continuous purulent discharge from the meatus independently of micturition. The passage of urine causes scalding, and the introduction of instruments shows an acutely sensitive condition of the canal.

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#### QUARTERLY MEETING OF THE RHODE ISLAND MEDICAL SOCIETY.

THE regular quarterly meeting of the Rhode Island Medical Society was held in Providence on Wednesday, September 19, 1879, the president, Dr. E. T. Caswell, in the chair.

The president made brief remarks concerning the death of Dr. Sylvanus Clapp, of Pawtucket, a member of the board of censors and formerly president of the society, and of Dr. Samuel Mowry, one of the oldest members of the society. He announced that he had appointed Dr. Job Kenyon, of Warwick, to fill the place of Dr. Clapp upon the board of censors until the next annual meeting.

Dr. R. A. Bronson, of Attleboro', Mass., was introduced, and gave some reminiscences of the meetings of the Rhode Island Medical Society when he was a member, twenty-five years ago.

Dr. T. Newell, of Providence, from the library committee, gave an account

<sup>1</sup> Reclus, loco citato, page 106.

of the library and building of the Boston Medical Library Association, with a sketch of its foundation and history. He stated that the association raised twelve thousand dollars by subscription among themselves and others, and has received twelve thousand volumes by donation. The members were assessed ten dollars per year. He thought that the success of the Boston association was very encouraging for the establishment of a medical library in Rhode Island. Several members of the society have promised definite contributions.

The following persons were elected Fellows of the society: Dr. James E. Sullivan, of Providence, Dr. Isaac B. Cowen, of Little Compton, Dr. Lucy B. Weaver, of Providence.

*Vesical Calculi.*—The president gave an account of the removal of a calculus weighing one hundred and twenty-six grains from a child nine years of age, and one weighing sixty-four grains from a patient about thirty years of age. He exhibited some of the latest instruments for the treatment of stone, including Professor Bigelow's apparatus for rapid lithotripsy and evacuation, and described their use. In the cases reported Bigelow's method was not employed from the fact that at the time it was impossible to obtain the necessary instruments.

*Revision of the Pharmacopœia.*—Dr. Geo. D. Hersey, of Providence, read a paper upon The Next Revision of the Pharmacopœia. He gave a history of the previous editions, and went on to show what drugs, now in common use, of which the therapeutic value is well established, should be introduced into the next edition. He deprecated the use of proprietary preparations, which an examination of any druggist's prescription book shows to be so extensive among the profession at the present time.

*Faradization.*—Dr. A. G. Browning, of Providence, read a paper upon Faradization, advocating the use of this form of electricity in the treatment of muscular rheumatism. He reported cases from his own practice in confirmation of the views expressed in his paper.

The society then adjourned to the second Wednesday in December.

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### BUCKNILL AND TUKE ON INSANITY.<sup>1</sup>

THE first edition of this standard work on mental diseases appeared in 1858, the second in 1862, and the third in 1873. So rapid has been the development of psychological medicine in the past twenty years that a treatise five years old would at any time have found itself antiquated in many important respects. Especially has the last decade been prolific of discoveries in cerebral anatomy, physiology, and pathology, and, as a necessary consequence, our knowledge of insanity has grown in definiteness and extent. The law as applied to the insane has undergone frequent modifications, though still lag-

<sup>1</sup> *A Manual of Psychological Medicine.* Containing the Lunacy Laws, the Nosology, Etiology, Statistics, Description, Diagnosis, Pathology, and Treatment of Insanity, with an Appendix of Cases. By JOHN CHARLES BUCKNILL, M. D., etc., and DANIEL HACK TUKE, M. D., etc. Fourth edition. Philadelphia: Lindsay and Blakiston. 1879. 8vo, pp. 815.

ging in the rear of scientific advances at certain points. The authors claim, in their fourth preface, that the work is now brought up to the knowledge of the day in all particulars. This seems quite probable from a careful examination of the text. A proper balance is preserved in all branches of the main subject, and no topic appears to be unduly extended at the expense of any other. The jurisprudence of insanity is not, however, included in this volume, except to the extent of explaining methods of commitment and the relations of medical men to the English lunacy laws.

A very useful chapter is that one giving a brief sketch of the various forms of insanity from a somato-etiological point of view. The physical causes of insanity have been made the basis of a classification by Skae, which, however scientifically insufficient, has already led to considerable progress in treatment, as in syphilitic and phthisical insanity. To pathology one hundred and fifty pages are given, and the subject is discussed in the full light of the latest research, and illustrated by new cases, plates, and tables. The histological portion of this chapter is credited to Dr. J. Batty Tuke, of Edinburgh. The authors believe insanity may be caused by any disease affecting the gray matter of the convolutions; that inflammation is only indirectly a cause of it; that partial congestions and anæmias producing irregular activity in a complex series of cerebral centres of mental function are accountable for all the phenomena of insanity. Changes in the capillaries usually precede and cause abnormal cell action, though where mental disorder results from moral causes this order may be reversed. The pathological condition of either cells or capillaries is, however, immediately transferred from one to the other, on account of their intimate relations, whichever is first affected. They do not believe in merely functional disorder of the brain, or of any other organ.

The practical value of this work is greatly enhanced by the one hundred and twenty pages devoted to treatment, — a department too often abbreviated. This is considered under three heads, — the hygienic, the moral, and the medicinal, — and includes not only domestic asylum and cottage treatment for the rich and for the poor, but treatment of the special forms of insanity, as indicated by the underlying physical condition.

The division of labor between its joint authors is the same as in former editions, — Dr. Bucknill writing the chapters on Diagnosis, Pathology, and the Appendix of Cases, and Dr. Tuke those on the Lunacy Laws, Classification, Ætiology, Statistics, and Description. We have often been asked to designate the best book on insanity for general use. To those who must confine their studies to a single author we believe the last edition of Bucknill and Tuke will prove the most comprehensive and useful treatise in the English language.

T. W. F.

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#### THE MASSACHUSETTS REFORMATORY PRISON FOR WOMEN.

IN calling attention to the report of the medical officer of the Massachusetts Reformatory Prison for Women, it may be well to state that, so far as we know, it is the fourth institution of its kind officered by women. There is a small one near Indianapolis in this country, and there are two, quite large,

well known, and very successful in their results, at Woking and at Fulham in England.

The internal defects in sanitary arrangements referred to consisted in insufficiently flushed hopper water-closets and no ventilation of soil-pipes. The bad odors were kept down by "disinfectants," the premises were scrupulously clean, but the tonsillitis so prevalent during the cold months was probably an indication of what we have so often said in our columns, that the destruction of stinks does not necessarily imply freedom from danger to health. The State Board of Health was consulted before the building was erected, and gave its *advice*, as the law requires, but it was not heeded then, or afterwards when the prison was occupied. However, the unfortunate condition of the whole arrangements for the disposal of the filth of the institution created a great deal of talk, and was used as a means of inducing the country members to vote for the Board of Health, Lunacy, and Charity as a "big thing" that was to remedy all such evils, although of course they did not stop to see that the law does not give to the board any really new power. The much-needed improvement is none the less going on under the new prison commission, and we hope to hear of no more cases of poisoning our prisoners with filth.

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#### MEDICAL EDUCATION IN NEW YORK.

In speaking recently of the progress made by the schools in improved methods of education, we were obliged to say of the largest city of the country, with its greater opportunities for clinical study, that there was not yet a single ray of light to illumine the darkness still existing there. That the question of a radical change in their system had already forced itself upon many minds was evident from the admirable address by Dr. D. B. St. John Roosa at the annual meeting of the New York State Medical Society, and other articles, which tended to efface the discouraging impression produced by Dr. Hamilton's paper last year. New Yorkers are beginning to see things as outsiders did. Dr. Roosa remarks:—

"To-day no one of the leading medical colleges of the State is anything more than a first-class educational establishment, owned and practically controlled in all its details of financial management and appointment of professors by a body usually of seven men. They are at the same time proprietors and teachers, just as much as 'John Jones, A. M.,' is proprietor and professor in 'the famous and large boarding-school situated on the banks of the Hudson, in full view of the Catskill Mountain House and the haunts of Rip Van Winkle.' As a matter of course, the announcement and circulars of these colleges betray their private character, and offer the most flattering inducements to their patrons, while their buildings are surmounted by flag-staffs, from which float their emblazoned banners. The contrast between the announcement of medical colleges in this country and the catalogues of the universities of Vienna, Berlin, and Strassburg, with their sober, unpretentious detail of the names of teachers and the facilities open to the aspirant for medical knowledge, is not at all creditable to our sense of propriety and good taste."

Dr. Mercer, of Syracuse, and others have also pointed out the short-comings of the New York schools. The contrast, not only in the outward show, but in the substance of the curriculum, has been painfully apparent to all who have had an opportunity to compare the two systems. Happily, the Egyptian-like

darkness has been suddenly dispelled by a gleam of light from Bellevue, whose faculty on September 8th passed resolutions so modifying the course of instruction as to admit of a graded system of instruction extending through three years, with final examinations at the end of each year. A matriculation examination will also be held, in which mathematics and English composition are the subjects required. At the end of the first year examinations will be held in physics, inorganic chemistry, descriptive anatomy, and *materia medica*, and in the second year organic and physiological chemistry, general and surgical anatomy, physiology, and therapeutics will be taught. Clinical instruction will continue during the whole course. Laboratory work is also to be a feature of the curriculum. If a candidate fails in more than one branch in the examinations for the first or the second year, he will be put back one year, but will not be required to pay more than the regular fees for the three years. The year's work will begin in the middle of September and end in March, a period of six months.

There are doubtless a great many points in this new plan of study that will cause criticism, and may require modification with further experience, but the great fact still remains that the leading New York school has given in its adhesion to the movement in favor of reform in methods of education.

Although the term has been lengthened to six months, it should not be forgotten that this is but half a year's work, and enables students who go to schools with a spring or a summer "year" to take two years' courses of lectures within a twelvemonth. Until a "year" is made to mean a year we cannot be said to have emancipated ourselves from the crudeness of old-fashioned methods. The present, however, is a moment for congratulation, which we extend most heartily to a school which, with its splendid opportunities for teaching, can afford to show its colleagues the way.

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#### THE NEW ORLEANS SANITARY ASSOCIATION.

WE have several times called attention to the excellent sanitary work that has been done in the Mississippi Valley during the past summer, and to the good results from it in the prevention of a general epidemic of yellow fever. In New Orleans, given a city of 200,000 inhabitants, thoroughly infected in 1878, with 26,000 privies so constructed as to leave each year in the soil of 4860 acres nearly 80,000 tons of solid and fluid excreta, to be disposed of by nature as best she can, and the problem of saving the inhabitants from the fate of Memphis seemed almost beyond the possibility of a solution. In our opinion it would have remained so, if it had not been for the National Board of Health and a Voluntary Sanitary Association of the leading citizens of the city, which have diffused information among the people, working with untiring activity, too, in abolishing sources of filth, so as to place New Orleans in better sanitary condition than it has been for some years. No better example is to be found of the benefits arising from this sort of coöperative action on the part of private citizens. We are glad to be able to print the following extract from one of the leading New Orleans papers, especially as it upholds our view of the relation of yellow fever to filth:—



"The Sanitary Association has, however, by no means finished the work it set out to do. Much has been accomplished, but more is still to be done, and operations will be carried on with continued energy. As soon as cold weather sets in it is proposed to clean thoroughly all the larger drainage canals, and by a system of water-pipes to flush them with fresh water from the river every twenty-four hours if needed. The operation of general cleansing will go on; all low places in the city calculated to engender disease will be filled up, and such a system organized that hereafter the work will be more easily done.

"To do all this, however, will require funds. The work is beyond value. It has demonstrated already that New Orleans can be kept healthy, and that this *cleanliness means health*. Health means *an end of quarantine restrictions*, a revival of business, and the inauguration of a new era of prosperity. These are the grand results that are to be accomplished, and they are within the reach of our people."

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#### MEDICAL NOTES.

— In a case of stone occurring in a man about twenty-two years old, Dr. Bigelow recently removed, in one hour and seventeen minutes, a calculus, of which two fragments weighed 720 grains. There was no blood in the urine during the operation, nor any unfavorable indication afterwards; the patient rapidly convalescing. The calculus was phosphatic, but quite hard, having a small lithic nucleus. It measured  $2\frac{1}{4}$  inches, and could not be grasped by a Thompson's lithotrite. It was crushed by Dr. Bigelow's lithotrite, and aspirated through a tube of the diameter of 30 French. This is, with one exception, the largest stone yet removed by the new method.

— Dr. Haussmann treats cracked nipples by applying lint soaked in a two per cent. solution of carbolic acid. The wet lint should be reapplied every two or three hours. The treatment gives instant relief from pain, and although the child continues to use the nipples, cure is established within three days.

— M. Boggs asserts that by the addition of a few drops of carbolic acid to the tincture of iodine the latter is made to act with more certainty, and will leave no stain.

— Dr. T. Grainger Stewart has discovered that when, during the administration of the tincture of the chloride of iron, functional derangements of the stomach and liver arise, with furred tongue, impaired appetite, headache, etc., these symptoms rapidly disappear upon adding one half grain of the chloride of ammonium to each minim of the tincture. He finds this combination notably useful in cases of heart disease accompanied by anæmia and debility.

— According to the *Medical Press and Circular*, diphtheria is supposed to have originated in Egypt more than two thousand years ago. It extended to Asia Minor, and in both countries prevailed five hundred years, and was called an Egyptian or Syriac disease. It next invaded Europe, appearing in Rome A. D. 320; became epidemic in Holland in 1337; extended to Paris in 1576, and again appeared there in 1771. It prevailed more extensively in France in 1818 and in 1835, in England, the United States, and Canada from 1856 to 1860, and has done so more or less ever since.

—The City Board of Health is doing a good work in providing public urinals for Boston. The increasing size of the city, and the number of country folk who daily visit it, and who have no private resort, will render this a great convenience. The women have already had accommodations in the larger parks, but the men have been obliged either to convert the hotels into urinals or to overcome their Anglo-Saxon modesty with the best grace in their power. We are not sure that some enterprising party would not make a good thing of it by a further imitation of Paris in setting up a water-closet "emporium," where for a copper one could luxuriate in all the modern conveniences.

—Dr. Starke (*Berliner klin. Wochenschrift*) recommends the use of a weak lemonade of tartaric acid before taking quinia in any form. It increases the promptness of the physiological action by the quinia, accelerates its solution, and obviates unpleasant gastric effects.

—The *Scientific American* says that the manufacture of the cream of tartar in the United States has so developed that the imports of it from France have fallen in six years from six million pounds yearly to none, the price being, reduced from thirty-two to twenty-four cents per pound. Imports of citric acid from England have fallen from two hundred and fifty thousand pounds yearly to twenty-seven thousand pounds last year, and the price to about one half. As to borax, the relations have been completely reversed by the development of borax mines in Nevada. England now appears in the United States market as a buyer of the crude and refined article, having formerly been the principal seller.

—It is stated that there is at the present time direct telephone communication between the city messenger's room at the City Hall and the Massachusetts General and City Hospitals over the wires of the Bell Telephone Dispatch Company, all of which places are connected with the company's exchange system. Also, that a communication, in case of any accident, could be sent to either of the hospitals, day or night, from any of the branch offices of the company in the different parts of the city, from any of the railroad depots, most of the hotels, or from any one of the five hundred stores or offices connected with their telephone system.

#### PHILADELPHIA.

—Professor Gross has performed the operation of amputation at the hip-joint three times, with remarkable success. The third amputation was made September 20th, at the Jefferson Medical College Hospital, upon a case of sarcoma of the thigh, in a middle-aged man; hæmorrhage being effectually prevented by Esmarch's bandage and Pancoast's abdominal tourniquet. Lateral flaps were made, and silk ligatures were used. No antiseptic precautions. The case, a week later, was reported to the class by the operator as progressing favorably, "without having had a single bad symptom." Should this patient recover, as he is confidently expected to do, it will make the third successful case, both of the others having terminated favorably. This case will be made the subject of a communication, by Professor Gross, to the Philadelphia Academy of Surgery, at its first meeting, Monday, October 6, 1879.

There have been an unusual number of sarcomatous tumors presenting themselves recently at this hospital. Dr. S. W. Gross, on the preceding clinic day, amputated an arm at the upper third of the humerus for a sarcoma over the olecranon process; and in another case he amputated at the middle of the fore-arm for a sarcoma of the wrist. He also exhibited a life-size model made from a colored boy five years of age, who died a few days before, in whom there were a number of sarcomata located in the skull, in both humeri, in the left femur, and in the abdomen. It was a coincidence that these three cases illustrated, when microscopically examined, the three principal forms of sarcoma: the case of multiple sarcoma had small, round cells, the wrist had giant cells, and the elbow had spindle cells.

— Two cases of hypospadias, brothers, respectively fourteen and sixteen years of age, were brought to the same hospital last week, and Dr. S. W. Gross performed Dr. Physick's operation upon the elder one, cutting out a wedge-shaped piece of the corpora cavernosa, with excellent result. Operation upon the other was postponed for a few years on account of incomplete development.

— Dr. Henry Ackland, F. R. S., Professor of Medicine in the University of Oxford, President of the Council of Medical Education for Great Britain, Physician to the Prince of Wales, etc., has been the guest of Professor Gross for a few days, and witnessed the amputation at the hip-joint on Saturday. He is on his way to Baltimore, making an unofficial tour of our principal Eastern cities, and has been the recipient of marked attention, both in New York and this city.

— Dr. Edward T. Bruen, of Philadelphia, suggests the following method of deciding whether subcrepitant râles occur in the lungs or between the pleural surfaces: While the stethoscope is being applied an assistant is directed to stand on the opposite side, pass the arms around the patient's body, and, locking the fingers, firmly compress the lower portion of the chest walls. If the râles are generated by movements of the pleural surfaces, they will then disappear, but if developed within the lungs they will persist unchanged.

— The Academy of Surgery owes its origin to Professor Gross, with whom the establishment of such an organization has been a cherished idea for many years. He has been the leading spirit in all the steps that have been taken thus far; the constitution and laws of the body, prepared by him with the greatest care, were adopted essentially as he had recommended. The Academy is not yet fully organized, but very little foresight would be needed to predict its presiding officer. The membership, it is reported, will be limited to thirty, not including honorary and corresponding members. It will commence with about twenty active members.

— There is a prospect of the erection of a new hospital in Schuylkill County, in the anthracite coal region, to be called the General Miners' Hospital, the legislature having appropriated \$65,000 for this purpose at its last session. A commission has been appointed, which recently made a tour of the Philadelphia hospitals, and work will be pushed forward rapidly, the site being already selected near Pottsville.

— The new State Insane Hospital at Norristown is now approaching completion, and is expected to be ready for use about the first of January, 1880.

— In a case of chronic empyema under the care of Dr. Frank Woodbury, Lessen's operation of resection of part of the ninth and tenth ribs was performed September 5th with the most satisfactory results, convalescence being now established. The patient was treated at the German Hospital, where the operation was performed by Dr. Franklin, a member of the surgical staff of the institution.

— Both of the medical schools had large classes in attendance during the preliminary course of lectures in September, and the prospects are good for a large class during the winter.

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### LITERARY NOTES.

— The medical society of Nova Scotia has issued a report on the preventive measures to be used in limiting the extension of diphtheria within the province. The great mortality caused by the disease and its continual existence there have caused that body to put in circulation a pamphlet for public use. The disease is regarded as highly contagious.

— The Rhode Island State Board of Health have issued as Public Health Tract No. III. a pamphlet containing an account of the most prominent symptoms of the disease, given in such a manner as to make them easily recognizable to all who may come in contact with the disease; also careful directions for disinfection.

— The Report of the Special Committee on Medical Education before the Illinois State Medical Society, by E. Ingals, M. D., chairman, is the title of a pamphlet which recommends preliminary examination, six months terms, and a five years' curriculum. This State is doing a great deal to improve the status of the profession.

— The Transactions of the Minnesota State Medical Society for 1879 contains, beside the address of the president, Dr. J. E. Finch, a number of miscellaneous articles on surgical cases, and a report on the climatology, epidemics, etc., of the State. The annual meeting, the eleventh, was held on June 17th.

— Dr. Bulkley will give a course of twenty-four lectures, free to practitioners and medical students, at the New York Hospital, on Wednesday afternoons, beginning October 8th. The lectures will be didactic and clinical, and will be elaborately illustrated.

— We have received a little pamphlet, by Dr. Douglas Graham, from A. Williams & Co., entitled the History of Massage. It was originally printed in the *Record*, and is a very entertaining account of the employment of this therapeutic measure from the time of Hippocrates to the present day. Dr. Graham has done a good deal for many years, to demonstrate the advantages of this mode of treatment and the proper way to administer it.

— The last number of the *International Review* contains an able paper by Dr. J. R. Chadwick on the study and practice of medicine by women. We recommend it to our readers, whether they may agree with him or not, as an interesting contribution to the subject.

## SANTA CRUZ, CAL., IN REGARD TO HEALTH.

MR. EDITOR, — In referring to Santa Cruz as a place for invalids, I simply wish to place the facts before the profession, and leave it for them to decide what patients would be benefited by a residence, either long or short, in such a locality as this, taking it for granted that every physician who accepts the responsibility of advising has given more or less attention to the subject of climates, and their relation to hygiene, that he may advise understandingly.

Santa Cruz is near the line of the thirty-seventh degree of north latitude and one hundred and twenty-second degree west longitude. It looks out toward the south on the Bay of Monterey and the Pacific Ocean. Monterey, the ancient capital of California, at times may be dimly outlined, twenty-six miles across the bay, a little east of south. The site of the city of Santa Cruz is exceedingly diversified, consisting of bottom-land, ridges, hills, plateaus or terraces, rising by irregular yet beautiful gradations to a height of two hundred, three hundred, and five hundred feet, within a distance of one mile from the sea-beach. Still farther back we come to mountains and wild mountain scenery, the Santa Cruz range, a distinct group, one hundred miles long and twenty miles wide at the middle. In shape we may call this range lanceolate, with the point lying between the Bay of San Francisco and the Pacific Ocean, and the base resting in the Pajaro Valley. The widest section is north of Santa Cruz toward the Santa Clara Valley. Mt. Bache (or Loma Prieta of the Spaniards) is the highest point of the range, being three thousand seven hundred and ninety feet above the sea. This is the water-shed from which several creeks flow. On the south the Coralitos, Aptos, and Soquel flow into the Bay of Monterey, and the Los Gatos flows through deep cuts into the Bay of San Francisco. The San Lorenzo follows the direction of the range from the northwest, and empties into the Bay of Monterey at Santa Cruz. These streams are all mere creeks, but of steady flow, and together with their tributaries divide this mountain section into an endless variety of shapes. There are cañons, water-falls, basins, valleys, etc., in abundance. The surface of this region is generally covered with a rich soil of *débris* and alluvium, in many places very deep.

The rocks as we go downward have this order: First, conglomerate, consisting of water-worn boulders, sand, gravel, shells, in fact, fragments of all the underlying strata. Second, bituminous shale, a soft, brittle, easily disintegrated formation, sometimes hard and flinty, with layers of sand. Petroleum and tertiary coals (lignite) abound. Third, limestone, generally crystalline, extensively used in the manufacture of excellent lime for most of the Pacific coast. A few caves have been discovered in this formation. Fourth, metamorphic gneissoid. This is exceedingly variable, occupying a large surface, and gradually running into, Fifth, granite, but not of an intensely igneous character, and only appearing in a few places.

The age of these rocks belongs to the miocene tertiary, especially on the ocean border, whilst the slope on the other side appears to run into the cretaceous age. Iron, gold, copper, and quicksilver have been found. Of the latter the New Almaden mines yield perhaps more than any other quick-

silver mines in the world. These are located at the eastern foot of Mt. Bache.

There are many "mineral springs" in these mountains. Some already have a reputation for medicinal virtues. There is generally a large percentage of lime, sodium, and iron in the form of sulphates and carbonates. Some have in addition to a small quantity of soda, borax, and iron what are called "magnetic" properties, probably obtained by passing over magnetic iron ore. These latter springs are considered valuable on account of their stimulating and tonic effects. Steel implements become magnetic by remaining for a short time in the flowing water.

Soft, clear, and cold water, almost free from solutions, is abundant everywhere in this region, issuing often in large springs from the mountain sides. Aside from all other tests of climatic character, of more value than thermometer, hygrometer, wind or rain gauges, is the vegetation of a country. That will tell us what the climate is now, and what it has been in ages past. Nearly all this region is covered with a luxuriant vegetation. The number of species included in this small area is comparatively very large. There are about fifty species of what might be called forest trees. Some of these trees measure twenty feet in diameter and three hundred feet in height, and are one thousand to eighteen hundred years old. A large proportion are evergreen, and they include pine, oak, poplar, willow, alder, buckthorn, dogwood, maple, buckeye, madrona, manzanita, sycamore, bay-tree, etc. These give an index to the other vegetation. As to the fruits that have been successfully grown here, I may mention the following: apple, pear, cherry, peach, plum, prune, apricot, nectarine, currant, almond, walnut (English), grape, orange, fig, olive, etc. These are of the best quality (except, perhaps, the orange, which has not been well tried) and in abundance.

The mean annual rain-fall is twenty-three inches, and the mean annual temperature is 59.5° F. December, January, and February give a mean of 52° F., July, August, and September give a mean of 62° F. With occasional exceptions, the same kind of clothing may be worn all the year without discomfort. From one third to one half more rain falls on the summits than at the sea level. Hence the springs are regular and do not become dry. The difference in season is more apparent on these summits also. Snow falls every winter more or less. Seldom at any place does the thermometer reach as low as 30° F. in the coldest weather. Vegetation of many kinds grows all the year. Humidity is great at the beach, but gradually diminishes as we pass inland; so a person may select almost any degree above saturation that may be desirable.

The wind that blows ill or good, that motion of the air, fickle and inconstant, yet so important and noteworthy to invalids, deserves particular mention in connection with this locality. From April to November we are more or less subject to the influence of the northwest trade-wind, accompanying the Japan Ocean current. It comes down the coast from the direction of the Aleutian Islands, making the circuit of Alaska in part. It carries for a long distance north of the Farallons an even temperature not much above 42° F. As it comes within the latitude of the Bay of Monterey, this air current expands more rapidly, and as its moisture has been mostly precipitated in the north, it now, by reason of expansion, takes up from the region over which it



flows, from water, vegetation, and air, and carries along with it largely of the watery vapor of these southern latitudes. Hence a humid and sultry air cannot exist within reach of this air current. As the Pacific coast from the Columbia River to the Golden Gate at San Francisco is an almost closed wall, parallel with the flow of the "Japan current," having few wind gaps, the stream of air is compressed and flows with considerable rapidity. When a gate occurs the current is forced through and spreads out on either side, mingling with the land air. This motion sets up a series of eddying currents, so that when on the ocean the northwesterly wind is tossing the white-caps inland there is an opposite current mildly flowing in circuits, according to the conformation of land.

Mainly to illustrate this feature I have compiled from the coast survey and other sources a map of Santa Cruz and adjoining region. Here we see the air current flowing across the bay toward the gap made by the Salinas River. There is an opening five or six miles wide, and a valley seventy-five to one hundred miles long, and in the direction of the current. Such a conformation of coast is very rare for a long distance north or south. It gives at a glance an idea of the wind currents, and shows how a mixture of the land and sea-air takes place, forming an air which is genial, refreshing, and without the harshness of the ocean air or the oppressive heat of the interior valleys. It is an air delightful to breathe. It carries enough ozone to purify the little basins, valleys, and recesses along the coast, and has force enough to sweep away any malaria that might arise from decaying matters, and yet it is so mild as not to irritate the most sensitive lung.

There are several places between San Francisco and San Diego similarly situated, but probably none possessing the "happy mean" of wind and temperature enjoyed by the northern shore of the Bay of Monterey. On approaching it from the south or west the traveler will notice its sheltered situation. The north and northwest winds cannot reach it with much force on account of the timbered mountains. Neither is it accessible to the "siroccos" from the southeast, which at times blow very unpleasantly on the coast further south. Neither are the "tree-feathered hills, fading away tier upon tier in the far distance" (so beautifully expressed by some writer in regard to the Santa Cruz Mountains), seen further south, for there the hills and mountains generally are destitute of forests. Reasoning from these and many other considerations of like kind, the conclusion is reached that here we have a country exceedingly favorable to health, — a place, in fact, where well people may remain well, and sick people find health.

A residence of thirteen years, constantly in the practice of medicine at this place, fully confirms the theory. Disease seldom shows a persistence favored by climatic causes. Epidemics are rare and of short duration. Immediately on the coast catarrhal affections prevail at times, and consumptives with catarrhal tendencies would do better farther inland, and at a considerable elevation, say twelve hundred or two thousand feet. In the winter season, when southerly winds prevail, down near the coast is better. Sea-bathing at Santa Cruz and vicinity is most excellent in the summer season, the temperature of the water being 67° F. to 70° F. In the winter it is ten degrees colder, but many persons continue surf-bathing all the year.

*Camping and out-door life* is eminently satisfactory in this region. There are so many things beautiful and interesting to engage the attention of any one who has not lost all love of nature that a person is apt to lose himself and forget his ills of flesh in contemplating the flowers, the trees, the rocks, the waters, and the sky.

A compilation of the death-rate of twelve of our largest cities and towns of California (including Santa Cruz) gives a mean annual mortality of sixteen to each one thousand inhabitants. This is a favorable showing compared with the Eastern United States and cities in the Old World, where the mortality is from twenty to thirty to each one thousand. Santa Cruz with its five thousand population gives but an annual mean of a fraction over *eight*. And this population (Santa Cruz being a "health resort") includes many invalids, who come here in search of health, and as a consequence might be supposed to swell the mortality list, as is the case at other "health resorts."

This place may become an advantageous winter resort, as well as a pleasure and health resort during the summer season, for which latter it is now somewhat famous. The mild southerly winds that prevail here during the winter, often bringing showers, are always warm. They have a pretty even temperature of 62° F. at and near the beach. The air becomes colder as we ascend the mountains, at the rate of about one degree for every two hundred and fifty feet; so a person can select almost any required temperature in this region.

Some of our good physicians have striven for several years to find on this coast some particular region as a "sanitarium," — a place curative alike for all diseases. As well might they look for the fabled "fountain of youth." I do not claim that the Island of Bimini is here. Many invalids would not be benefited by coming here. The conditions are not favorable for all kinds of persons or diseases. But if there is a place that combines as many or more of the natural essentials of a health-giving and pleasure-obtaining resort as this region bordering on the northern shore of the Bay of Monterey, the person who would make it known to the world of health-seekers would deserve at least the blessings of all valetudinarians. C. L. ANDERSON, M. D.

SANTA CRUZ, CAL.

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## SHORT COMMUNICATIONS.

### OBITUARY: DR. JOSEPH D. NICHOLS; DR. THADDEUS PHELPS.

At the semi-annual meeting of the Bristol North District Medical Society, held at Taunton, on Thursday, 18th ult., the following preamble and resolution were unanimously adopted:—

*Whereas*, Since the last annual meeting of this society two estimable members of this organization have died, — Dr. Joseph D. Nichols, of Taunton, May 26, 1879, and Dr. Thaddeus Phelps, of North Attleboro, May 31, 1879, the former at the ripe age of seventy-seven, the latter aged sixty-nine, —

*Resolved*, That in the severance of our earthly relations with these valued professional brothers, we are parted from the long-tried and true. We mourn their loss, and would proffer our condolence and heart-felt sympathy for the afflicted relatives and friends of our deceased associates.

*Voted*, That a copy of this preamble and resolution be sent to each of their widows; also to the *Republican and Gazette*, of Taunton, and the *Boston Medical and Surgical Journal*, for publication.

OFFICIAL LIST OF CHANGES OF STATIONS AND DUTIES OF OFFICERS OF THE MEDICAL DEPARTMENT U. S. ARMY, FROM SEPTEMBER 20, 1879, TO SEPTEMBER 26, 1879.

WEBSTER, W., major and surgeon. Relieved from duty at Fort Warren, Mass., and assigned to duty as post surgeon at Fort Preble, Me. S. O. 167, Department of the East, September 22, 1879.

FORWOOD, W. H., major and surgeon. Leave of absence extended two months. S. O. 218, A. G. O., September 20, 1879.

BREWER, J. W., captain and assistant surgeon. Granted leave of absence for six months on surgeon's certificate of disability. S. O. 219, A. G. O., September 22, 1879.

TREMAINE, W. S., captain and assistant surgeon. So much of Par. 3, S. O. 195, August 25, 1879, from A. G. O., as relates to him is revoked. S. O. 220, A. G. O., September 23, 1879.

KIMBALL, J. P., captain and assistant surgeon, having reported in person at these head-quarters, is assigned to duty at Fort Sanders, Wyoming Territory. S. O. 82, Department of the Platte, September 20, 1879.

REPORTED MORTALITY FOR THE WEEK ENDING SEPTEMBER 20, 1879.

Cities.	Population estimated for July, 1879.	Reported Deaths in each.	Annual Death-Rate per 1000 during the Week.	Percentage of total Deaths from					
				The Principal "Zymotic" Diseases.	Diarrhoeal Diseases.	Diphtheria and Croup.	Pneumonia.	Typhoid Fever.	
New York.....	1,085,000	501	24.08	26.55	15.57	2.59	6.39	0.60	
Philadelphia.....	901,880	269	12.39	8.92	4.46	1.12	4.09	1.12	
Brooklyn.....	564,400	231	21.32	28.57	13.85	8.23	3.89	0.87	
Chicago.....	—	156	—	39.23	10.89	16.67	2.56	5.77	
St. Louis.....	—	102	—	20.59	7.84	8.92	2.94	0.98	
Baltimore.....	375,000	129	17.88	24.81	3.88	7.76	2.33	3.88	
Boston.....	860,000	126	18.24	32.54	22.22	5.56	2.38	.79	
Cincinnati.....	280,000	72	13.41	23.62	8.33	5.55	5.55	2.77	
New Orleans.....	210,000	—	—	—	—	—	—	—	
District of Columbia.....	170,000	69	21.16	23.17	10.15	1.45	1.45	4.34	
Cleveland.....	160,000	47	15.32	29.79	6.88	8.51	2.13	8.51	
Pittsburgh.....	—	52	—	50.00	5.77	34.61	7.69	5.77	
Buffalo.....	—	—	—	—	—	—	—	—	
Milwaukee.....	127,000	43	17.65	41.86	9.80	27.91	—	—	
Providence.....	101,500	24	12.33	33.33	4.17	8.33	8.33	—	
New Haven.....	60,000	27	23.47	18.52	11.11	3.70	—	3.70	
Charleston.....	57,000	26	23.78	—	—	—	—	—	
Nashville.....	27,000	20	33.62	35.00	20.00	5.00	—	—	
Lowell.....	68,900	23	22.49	28.09	21.74	—	—	4.85	
Worcester.....	52,500	20	19.86	35.00	20.00	10.00	5.00	—	
Cambridge.....	60,000	12	12.52	66.67	58.33	8.33	—	—	
Fall River.....	48,500	21	22.58	28.57	14.28	4.76	4.76	—	
Lawrence.....	38,200	11	15.02	—	—	—	—	—	
Lynn.....	34,000	11	16.37	18.18	18.18	—	18.18	—	
Springfield.....	31,500	10	16.55	20.00	—	20.00	10.00	—	
New Bedford.....	27,000	19	36.69	47.37	31.58	5.26	—	—	
Salem.....	26,400	13	25.68	30.77	23.08	7.69	—	—	
Somerville.....	23,350	6	18.40	33.33	16.67	16.67	—	—	
Chelsea.....	20,800	5	12.54	—	—	—	—	—	
Taunton.....	20,200	5	12.91	20.00	20.00	7.69	—	—	
Holyoke.....	18,200	13	37.25	15.89	—	7.69	—	7.69	
Gloucester.....	17,100	9	27.44	33.33	22.22	11.11	—	—	
Newton.....	17,100	6	18.29	66.67	66.67	—	—	—	
Haverhill.....	15,300	4	13.63	60.00	25.00	—	—	25.00	
Newburyport.....	13,500	7	27.03	28.57	14.28	—	—	14.28	
Pittsfield.....	12,650	11	45.34	—	—	—	—	—	
Pittsburg.....	12,500	3	12.51	—	—	—	—	—	
Milford.....	9,800	1	6.32	—	—	—	—	—	

Two thousand one hundred and four deaths were reported: principal "zymotic" diseases 550, consumption 308, diarrhoeal diseases 251, diphtheria and croup 136, pneumonia 82, bronchitis 48, scarlet fever 43, typhoid fever 41, whooping-cough 27, malarial fevers 26,

cerebro-spinal meningitis 12, erysipelas seven, measles five, hydrophobia (Cleveland) one, small-pox none. From *bronchitis*, New York 20, Philadelphia and Boston six, Brooklyn five, Chicago, District of Columbia, and Pittsburgh two, St. Louis, Milwaukee, New Haven, and Pittsfield one. From *scarlet fever*, New York 14, Chicago seven, Baltimore five, Providence four, Philadelphia and Cincinnati three, Brooklyn and St. Louis two, Boston, Pittsburgh, and New Bedford one. From *whooping-cough*, New York nine, Brooklyn five, Boston and Cleveland three, Philadelphia and District of Columbia two, Baltimore, Cincinnati, and Pittsburgh one. From *malarial fevers*, New York 10, St. Louis five, Brooklyn three, Baltimore and Nashville two, Chicago, Boston, Cincinnati, and Milwaukee one. From *measles*, all the deaths were in New York. The continued reduction in diarrhoeal diseases is quite great this week, as also in scarlet fever and measles, with a great increase in the mortality from diphtheria and croup. Consumption was less fatal, lung diseases more so. In the cities of Massachusetts, scarlet fever and typhoid fever caused fewer deaths, diphtheria and croup more.

The cases of yellow fever in Memphis for the week ending September 27th further declined to 63, while the deaths increased to 31. There have been 30 cases and 10 deaths reported in Morgan City up to date, and a few in Berwick's Bay. New Orleans is reported free.

For the week ending August 30th, in 149 German cities, with an estimated population of 7,552,850, the death-rate was 27.2 against 27.6 of the previous week, with an increase in scarlet fever and diarrhoeal diseases and decrease in measles and typhoid fever, diphtheria remaining about the same. Three thousand nine hundred and fifty deaths were reported: diarrhoeal diseases 908, consumption 395, acute lung diseases 211, diphtheria and croup 98, scarlet fever 66, whooping-cough 63, typhoid fever 46, measles 24, puerperal fever 18, typhus fever one, small-pox one. The death-rates ranged from 12.9 in Bremen to 43.8 in Görlitz; Munich 36.9; Dresden 25.3; Berlin 28.7; Hamburg 26.1; Hanover 26.6; Cologne 18.6; Frankfurt 21.9. Also for the same week, Vienna 26.1; Paris 22.5.

For the week ending September 6th, in the 20 English cities and towns, with a population estimated at 7,383,999, the death-rate was 19.1 against 19.3 of the previous week. Two thousand seven hundred and nine deaths were reported: diarrhoea 293, lung diseases 143, scarlet fever 103, whooping-cough 63, measles 50, fever 41, diphtheria nine, small-pox (London) seven. The death-rates ranged from 11.5 in Portsmouth to 26.3 in Norwich; London 20.1; Brighton 16.3; Bristol 14.4; Birmingham 16.4; Liverpool 24.0; Manchester 19.0; Leeds 17.4. In Edinburgh 18, Glasgow 15, Dublin 26. In 25 Belgian cities and towns of 10,000 inhabitants and over, the death-rate was 23.4; in 22 of less size, 21.7, — diarrhoea being by far the most fatal disease, consumption coming next; whooping-cough, typhoid fever, small-pox, and measles were very prevalent, scarlet fever becoming so. No deaths were reported from diphtheria. Brussels 26.4; Antwerp 29.9; Ghent 33.9; Liege 28.4. In 21 prominent Swiss cities and towns, diarrhoea of infants was most fatal, consumption coming next; whooping-cough, scarlet fever, and measles were moderately prevalent; small-pox apparently decreasing. Geneva 14.2; Zurich 20.1; Basle 26.1.

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THE GYNÆCOLOGICAL SOCIETY OF BOSTON. — The next regular meeting of the society will be held on the first Thursday of October, at 10.30 o'clock, A. M. Paper especially communicated by Prof. F. Pippingsköld, of Helsingfors, Finland (honorary member); subject, Pregnancy and Accouchement shortly after Ovariectomy, in some Cases of which the Hydropsical Follicles of the other Ovarium were Cauterized. Profession invited.

HENRY M. FIELD, M. D., *Secretary*.

BOSTON SOCIETY FOR MEDICAL OBSERVATION. — A regular meeting of the society will be held Monday evening, October 6th, in the hall of the Medical Library Association at eight o'clock. Reader, Dr. Boardman. Subject, Some Observations on the Treatment of Uterine Displacement.

FREDERICK C. SHATTUCK, M. D., *Secretary*.

BOOKS AND PAMPHLETS RECEIVED. — Student's Pocket Medical Lexicon, giving the Correct Pronunciation and Definition of all Words and Terms in General Use in Medicine and the Collateral Sciences, with an Appendix containing a List of Poisons, etc. By Elias Longley. Philadelphia: Lindsay and Blakiston. 1879. (A. Williams & Co.)